

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-003326

STATE FILE NUMBER

FILED
B AMENDED

Registration District No. 314 Primary Registration District No. 3057 Registrar's No. 39

FILED JAN 23 1962

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>St. Francois</u>				a. STATE <u>Mo.</u> b. COUNTY <u>Wash.</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>				Length of stay in lb <u>6 days</u>		c. CITY OR TOWN <u>Belgrade</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rt. 1 Box 4</u>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>William</u> Middle <u>H.</u> Last <u>Akers</u>				Month <u>Jan.</u> Day <u>16.</u> Year <u>1962</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3-16-1883</u>	
						9. AGE (last birthday) <u>78</u>	
						IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Washington Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>							
13a. FATHER'S NAME <u>Henry Akers</u>				13b. MOTHER'S MAIDEN NAME <u>Ida Seabourne</u>		14. NAME OF HUSBAND OR WIFE <u>Edith Akers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Edith Akers</u> Address <u>Rt. 1 Box 4, Belgrade, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <u>Cerebral thrombosis.</u>							
DUE TO (b) <u>Arteriosclerosis.</u>							
DUE TO (c) <u>Arteriosclerotic heart disease.</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>2:55</u> a.m. p.m. Month, Day, Year <u>Nov. 1957</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>Nov. 1957</u> to <u>1/16/62</u> and last saw him alive on <u>1/15/62</u> Death occurred at <u>2:55</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>[Signature]</u> (Degree or title)				22b. ADDRESS <u>Bonne Terre, Missouri</u>		22c. DATE SIGNED <u>1/19/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan. 18, '62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Methodist</u>		23d. LOCATION (City, town, or county) (State) <u>CALEDONIA, Missouri</u>	
24. FUNERAL DIRECTOR <u>Donald Sparks</u> ADDRESS <u>Potosi, Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>Jan 19, 1962</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald Sparks

Licensed Embalmer No. 4819

P. O. Address Potosi, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.